

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # 10/51/275		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing Fee for claims			\$ 225 (DA)
	Amendment			\$
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		7 TOTAL AMOUNT OF REFUND charged \$ 225.		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 1 9 -- 2 2 5 3		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Winston Andrews</u>		TITLE: _____		
SIGNATURE: <u>National Stage Processing</u>		PHONE: _____		
OFFICE: <u>Patent Specialist</u>				
		(703) 305-6421		

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

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